

CONTRACTOR PROFILE

Project Name _____

Business Name _____ Address _____

_____ Federal Tax ID # _____

Area Code & Phone # _____ Area Code & Fax # _____

Our contract dated _____ is with _____ in the amount of \$ _____

for _____

(identify work to be performed - be specific)

Will any work be subcontracted out? _____ If so, to whom? _____

Person(s) authorized to sign (certify) Payroll reports: 1) _____ 2) _____

Identify work classifications (to be used for this project), base rate of pay and total wage payment:

<u>Work Classification</u> (include Group #, if applicable)	<u>Base Rate of Pay</u>	<u>Total Wage Payment</u> (includes fringes)
1. _____	\$ _____	\$ _____
2. _____	\$ _____	\$ _____

Fringe benefits are paid to: (check (A), (B) or (C) below)

(A) _____ each worker (with pay check) in the amount of \$ _____;

(B) _____ Union benefit plan(s) in the amounts indicated below:

<u>Holiday</u>	<u>Vacation</u>	<u>H & W</u>	<u>Dental</u>	<u>Pension</u>	<u>Other</u> (identify)	<u>Total</u>	
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	= \$ _____

Benefit funds are deposited into Account # _____ and are maintained by (agency name & address):

_____ Phone # _____

(C) _____ non-Union benefit plan(s) in the amounts indicated below:*

<u>Pension</u>	<u>Medical</u>	<u>Dental</u>	<u>Other</u> (identify)	<u>Total</u>	*FURTHER INFORMATION
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	MAY BE REQUESTED

Benefit funds are deposited into Account # _____ and are maintained by (agency name & address):

_____ Phone # _____

Owner/Principal Officer Name (PLEASE PRINT) _____

Signature _____

Date _____

IS THIS A SOLE PROPRIETORSHIP OR PARTNERSHIP BUSINESS? ____ Yes ____ No

The following is optional (this information is requested on various reports the City of Saint Paul is required to fill out):

CIRCLE RACIAL/ ETHNIC CODE:	1 = CAUCASIAN	2 = BLACK	3 = NATIVE
	4 = HISPANIC	5 = ASIAN/PACIFIC ISLANDER	6 = HASIDIC JEW

IS THIS A WOMAN-OWNED BUSINESS (WBE)? ____ Yes ____ No

IS THIS A MINORITY-OWNED BUSINESS (MBE)? ____ Yes ____ No

(SEE REVERSE SIDE FOR
DEFINITIONS)

IF YOU DECLINE TO FILL OUT THIS PORTION, PLEASE CIRCLE: **I DECLINE**

DEFINITIONS

Business Racial/Ethnic Code:

The numeric code is circled to indicate the racial/ethnic character of the owner(s) and controller(s) of 51% of the business. When 51% or more is not owned and controlled by any single racial/ethnic category, circle the code which seems most appropriate.

WBE (women-owned business enterprise):

At least 51% owned by one (1) or more women; or in the case of a publicly-owned business, at least 51% of the stock is owned by one (1) or more women and whose management and daily business operations are controlled by one (1) or more women who own it.

MBE (minority-owned business enterprise):

At least 51% owned by one (1) or more minority persons; or in the case of a publicly-owned business, at least 51% of the stock is owned by one (1) or more minority persons and whose management and daily business operations are controlled by one (1) or more minority persons who own it.